

7780 Office Plaza Drive S. Suite 184 West Des Moines, IA 50266 Phone: 515.223.0159 Fax: 515.223.5429 www.kiesling.com

REDACTED - FOR PUBLIC INSPECTION

Received & inspected

June 25, 2015

JUN 2 9 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

FCC Mail Room

Re:

WC Docket No. 14-58

2015 ETC Annual Report of Dumont Telephone Company, Study Area Code 351152

Request for Confidentiality

Dear Ms. Dortch:

On behalf of Dumont Telephone Company, Kiesling Associates LLP files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules. Dumont Telephone Company seeks confidential treatment under Protective Order for Section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, an attached letter requests confidential treatment under Sections 0.457 and 0.459 of the initial Section 54.202(a) Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).

Please direct any questions about this filing to the undersigned at 515-223-0159 or cclauson@kiesling.com.

Sincerely,

KIESLING ASSOCIATES LLP

Cheuf a. Clauson

Cheryl A. Clauson, CPA Partner

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd_ List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³47C.F.R. §§ 0.457, 0.459, 54.313(a)(1).



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Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re:

WC Docket 14-58

2015 ETC Annual Report of Dumont Telephone Company, Study Area Code 351152

Dear Ms. Dortch:

On behalf of Dumont Telephone Company (the "Company"), Kiesling Associates LLP hereby requests withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement, pursuant to Sections 0.457 and 0.459 of the Commission's rules,\(^1\). The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).\(^2\)

- 1. The information for which the Company is seeking confidential treatment is the attachment at Line 112 of the Company's annual reporting information in FCC Form 481, pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
- 2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan ("Progress Report") which is contained in the attachment to the 2015 Report.⁴
- 3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan, as provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.
- 4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

^{1 47} C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

^{4 47} C.F.R. §§ 54.313(a)(1).

In its March 5, 2013 Order, the FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories." The Company is a rate-of-return carrier filing its five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

- With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to existing and potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
- 6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
- 7. Previous versions of this information are not publicly available.
- 8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- Not applicable.

⁵ See Connect America Fund et al., WC Docket 10-90 et al., Order, DA 13-332 (rel. Mar. 5, 2013) ("March 5, 2013 Order") at para. 9 citing Section 54.202(a) (1) (ii).

Based on the preceding, Kiesling respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned at 515-223-0159 or cclauson@kiesling.com with questions regarding this request.

Sincerely,

KIESLING ASSOCIATES LLP

Cheryl A. Clauson, CPA

Partner

| FCC Par | m 481 - Carrier Annual Reporting Data Collection Form | | FCS Forms 482 DMS Coetrol Ro. days 2015 | No. 0966/OMB Control No. 2060 (\$120 |
|------------------|---|------------------------|---|--|
| <010> | Study Area Code | 351152 | 7.5 | Received & Inspected |
| <015> | Study Area Name | DUMONT TEL. CO. | | Hereiven a mobe |
| <020> | Program Year Contact Name: Person USAC should contact with questions about this data | Roger Kregel | | JUN 2 9 2015 |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6418573211 ext. | | FCC Mail Room |
| <039> | Contact Email Address: Email of the person identified in data line <030> | rogerkr@netins.net | 200120 | 100 |
| ANNUA | L REPORTING FOR ALL CARRIERS | | 11.00 | Completion Completion Required (check box when complete) |
| <100> | Service Quality Improvement Reporting | | (complete attached worksheet) | A SHINE |
| <200> <210> | Outage Reporting (voice) | B 00 0 | (complete attached worksheet) | |
| <300> | Unfulfilled Service Requests (voice) | outages to report | | |
| <310> | Detail on Attempts (voice) | | | |
| | | | (attach descript | ive document) |
| <320> | Unfulfilled Service Requests (broadband) | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| <330> | Detail on Attempts (broadband) | | (attach descrip | ntive document) |
| <400> | Number of Complaints per 1,000 customers (voice) | | 711K | |
| <410> | Fixed 0.0 | | | |
| <420> <430> | Mobile [0.0] Number of Complaints per 1,000 customers (broads | pand) | | |
| <440> | Fixed 0.0 | | | |
| <450> <500> | Mobile 0.0 Service Quality Standards & Consumer Protection R | ules Compliance | (check to indicate certification) | 1 1 |
| | 351152ia510.pdf | 1 | | |
| <510> | | | (attached descriptive document) | ✓ ✓ |
| <600> | Functionality in Emergency Situations | - Historia | (check to indicate certification) | |
| | 351152ia610.pdf | |] | |
| | | | (attached descriptive document) | 1 1 |
| <610> | | | | |
| <700> | Company Price Offerings (voice) | - | (complete attached worksheet) | <u> </u> |
| <710> | Company Price Offerings (broadband) | | (complete attached worksheet) | <u> </u> |
| <800> <900> | Operating Companies and Affiliates Tribal Land Offerings (Y/N)? | 116 | (complete attached worksheet) | · / / / / / / / / / / / / / / / / / / / |
| | Voice Services Rate Comparability Certification | Ye | es, complete attached worksheet) | |
| | 351152ia1010.pdf | | 1 | |
| <1010> | | | (attach descriptive document) | √ |
| <1100> | Certify whether terrestrial backhaul options exis | st (Yes or O | (if not, check to indicate certification) | |
| <1110> <1200> | Terms and Condition for Lifeline Customers | | (complete attached worksheet) (complete attached worksheet) | |
| | Price Cap Carriers, Proceed to Price Cap Additional | Documentation Works | | |
| 2000 | Including Rate-of-Return Carriers affiliated with Pri | ice Cap Local Exchange | | 1 1 2 2 2 3 1 |
| <2000> <2005> | | | (check to indicate certification) (complete attached worksheet) | 1000-000 |
| | Rate of Return Carriers, Proceed to ROR Additional | Documentation Works | | |
| <3000> | | | (check to indicate certification) | |

| | ervice Quality Improvement Reporting ollection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|---|--|------------------------------------|---|
| <010> | Study Area Code | 351152 | 1500 | |
| <015> | Study Area Name | DUMONT TEL. C | 00. | -100 |
| <020> | Program Year | 2016 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ex | xt. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netin | ns.net | |
| <110> | Has your company received its ETC certification from the FCC? | (yes | /no) O | |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | 2 | | |
| <111> | year plan" filed with the FCC? | (yes | /no) U U | |
| <112> | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service. | company is a | 351152ia112.pdf | |
| <113> <114> <115> <116> <117> <118> | Please select the appropriate responses below (Yes, No, Not Applicable) to conthat the attached document(s), on line 112, contains a progress report on its fivear service quality improvement plan pursuant to \$54.202(a). The information shall Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve much (USF) was used to improve service coverance and how support was used to improve much (USF) was used to improve service capacity and how support was used to improve the much (USF) was used to improve service capacity and how support was used to improve the much (USF) was used to improve service capacity and how support was used to improve the prior calendar year. | all be approve service improve service | Yes Yes Yes Yes Yes Not Applicable | Jame of Attached Document |

| SECTIONS | vice Outage Reporting (Voice) ection Form | FCC Form 481 OM8 Control No. 3050-0986/OM8 Control No. 3060-0819 July 2013 |
|----------|---|--|
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkraneting.net |

| <a>> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h>></h> |
|---------------------------|-----------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|--|---|---|------------------------------|----------------------------|
| NORS Referen Number | | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Old This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
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| 700) Pris | e Offerings including Voice Rate Data | FCC Form 481 |
|--------------------|---|---|
| ELECTRIC PROPERTY. | ection form | GMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkrenetins.net |
| | | |
| <701> | Residential Local Service Charge Effective Date 1/1/2015 | |
| <702> | Single State-wide Residential Local Service Charge | |

| (a) | 42 | ca3> | (b) | <b2></b2> | <ba></ba> 4b3> | <ba><b4></b4></ba> | 355 | The south |
|-------|-----------------|------------|------------|-----------------------------------|---|---|---|-----------------------------|
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fe |
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| 100 miles (100 miles (| sedband Price Offerings lection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|---|--|
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net |
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| CSD To | GID Plant | db. | <b2></b2> | KCY" | <d1></d1> | <d2>***</d2> | cd3× | ×645 |
|--------|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (select |
| | | | | | | | | |
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| | | | - See attac | hed | | | | |
| | | | worksheet - | | | | | |
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| No. of Control of Control | erating Companies | | FCC Form 481 |
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| Data Col | ection Form | | OMB Control No. 3060-0986 /OMB Control No. 3060-0819 July 2013 |
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| <010> | Study Area Code | | 351152 |
| <015> | Study Area Name | | DIMONT TEL. CO. |
| <020> | Program Year | | 2016 |
| <030> | Contact Name - Person | USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Nur | nber - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address | Email Address of person identified in data line <030> | rogerkr@netins.net |
| <810> | Reporting Carrier | Dumont Telephone Company | |
| <811> | Holding Company | Dumont Telephone Company | |
| <812> | Operating Company | Dumont Telephone Company | |

| an Marin | estate the second secon | <9Z> | (43) (43) (43) (43) (43) |
|----------|--|----------------------------|---|
| | Affillates | SAC | Doing Business As Company or Brand Designation |
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| ANIC | - Carrier System | - See attached worksheet - | * |
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| AND SECURIOR SERVICES | pal Lands Reporting ection Form | FCC Form 481 OMB Control No. 3060-0986/OM July 2013 | 8 Control No. 3060-0819 |
|-----------------------|---|---|-------------------------|
| <010> | Study Area Code | 351152 | |
| <015> | Study Area Name | DUMONT TEL. CO. | |
| <020> | Program Year | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net | |
| <910> | Tribal Land(s) on which ETC Serves | | |
| <920> | Tribal Government Engagement Obligation | Name of Attached Document | |
| If your o | company serves Tribal lands, please select (Yes,No, NA) for each these | | |
| boxes | | | |
| | rm the status described on the attached document(s), on line 920, | Select | |
| | trates coordination with the Tribal government pursuant to | s or No or | |
| <921> | Needs assessment and deployment planning with a focus on Tribal | | |
| <922> | Feasibility and sustainability planning; | | |
| <923> | Marketing services in a culturally sensitive manner; | | |
| <924> | Compliance with Rights of way processes | | |
| <925> | Compliance with Land Use permitting requirements | | |
| <926> | Compliance with Facilities Siting rules | | |
| <927> | Compliance with Environmental Review processes | | |
| <928> | Compliance with Cultural Preservation review processes | | |
| <929> | Compliance with Tribal Business and Licensing requirements. | | |
| | | | |

| | o Terrestrial Backhaul Reporting lection Form | OM | Form 481 3 Control No. 3060-0986/OM8 Control No. 3060-0819 2013 |
|--------|--|--------------------|---|
| <010> | Study Area Code | 351152 | |
| <015> | Study Area Name | DUMONT TEL. CO. | |
| <020> | Program Year | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net | |
| | Please confirm whether terrestrial backhaul options exist within the supported area | | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 25 kbps | 5 | |

| Ufeline | rms and Condition for Lifeline Customers ection Form | FCC Form 481 QM& Control No. 3060-0986/QM& Control No. 3060-0819 July 2013 |
|--------------------|---|--|
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030 | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <03 | > rogerkr@netins.net |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | 351152ia1210.pdf |
| <1220> | Link to Public Website HTTP | Name of Attached Document |
| "Please c 1210, | heck these boxes below to confirm that the attached document(s), on line | |
| or the we | bsite listed, on line 1220, contains the required information pursuant to | |
| § 54.422 | (a)(2) annual reporting for ETCs receiving low-income support, carriers must | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | |
| <1222> | Details on the number of minutes provided as part of the plan, | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | |

| | ce Cap Carrier Additional Documentation | | | FCC Form 481 | |
|--|--|--|--|--------------------------------------|--|
| No. of Contract of | action Form Rate of Actum Corriers offiliated with Price Cap Local Exchange Corriers | | | OM8 Control No. 3060-0: July 2013 | 986/OMB Control Na. 3060-0819 |
| <010> | Study Area Code | | | | |
| <015> | Study Area Name | 351152 | | 1-000 | |
| <020> | Program Year | DOMONT TEL. CO. | | | CONTRACTOR OF CO |
| <030> | Contact Name - Person USAC should contact regarding this data | 2016 | | 1200200 | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | koger kregel | | | 7.55.5 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net | | | |
| Select the | appropriate responses below (Yes, No, Not Applicable) to note compliance as | ecipient of Incremental Connect Americ | ca Phase I support, frozen High Cost s | support, High Cost support | to offset access charge reductions, an |
| | America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform | | | | • |
| | Incremental Connect America Phase I reporting | | | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)i) | L., | | | |
| <2011a> | 3rd Year Certification (47 CFR § 54.313(b)(1)ii) | | | | |
| <2011b | Attachment (47 CFR § 54.313(b) | | - | | |
| | | Name of Att | ached Document(s) Listing Required | | |
| <2012> <2013> <2014> <2015> | 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) | | | | |
| <2016> | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband | | | | |
| <2017> <2018> <2019> | 5th year Broadband Service Certification | | | | |
| <2020> | Please check the box to confirm that the attached document(s), on nursuant to 6.54.213 (a)(2)(ii) as a recipient of CAE Phase II support addresses of community anchor institutions to which began providing preceding calendar. | nall provide the number names | | s | |
| <2021> | Interim Progress Community Anchor Institutions | | | | |
| | | L | (A) 1 10 | | |

| | Control of the Contro | |
|----------|--|--|
| | the Of Betwee Carrier Additional Occumentation | ACC Form (8) |
| Date Col | ection Form | OMI Control No. 3060-0966/DMB Control No. 3060-0819 |
| | | ANY 2013 |
| | | |
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name Program Year | DUMONT TEL, CO. |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkrenetins.net |
| CHECK t | | to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 |
| | CFR § 54.313(f)(2). I further certify that the | information reported on this form and in the documents attached below is accurate. |
| | | 351152ia3010.pdf |
| (3010) | Progress Report on 5 Year Plan | |
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) | |
| | | Name of Attached Document Listing Required Information |
| | | |
| (3011) | Please check this how to confirm that the attached document(s), on ling § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and account in the preceding calendar year booth. | |
| | | |
| | | |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | |
| | | Name of Attached Document Listing Required Information |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | (Yes/No) (O) |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) |
| Please | check these hoves to confirm that the attached document(s), on line 3 | 017, contains the required information pursuant to § 54.313(f)(2) compliance |
| (3015) | | orr, comains the required information pursuant to 9 34.3 (5)(x) compliance |
| 1510000 | Telecommunications Borrowers) | <u></u> |
| (3016) | Document(s) for Balance Sheet. Income Statement and Statement of | Cash |
| | | |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual | 1 |
| | report and all required documentation | |
| | | Name of Attached Document Listing Required Information |
| (3018) | If the response is no on line 3014, is your company audited? | (Yes/No) |
| | If the response is yes on line 3018, please check the boxes below to | |
| | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a for | mat comparable to RUS Operating Report for Telecommunications |
| (3020) | | |
| | Document(s) for Balance Sheet. Income Statement and Statement of | r Casn |
| (3021) | Management letter and audit opinion issued by the independent certified | d public accountant that performed the company's |
| | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), | |
| | contains: | |
| (3022) | Copy of their financial statement which has been subject to review by an | |
| Messell | independent certified public accountant; or 2) a financial report in a | |
| | format comparable to RUS Operating Report for Telecommunications Borrowers. | |
| (2022) | 55700000000000000000000000000000000000 | |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | |
| (3024) | Underlying information subjected to an officer certification. | |
| (3025) | Document(s) for Balance Sheet. Income Statement and Statement | Cach |
| | [3 | 51152ia3026.pdf |
| (3026) | Attach the worksheet listing required information | |
| 0. 10 | ST/ 60 | |
| | L | |
| | | Name of Attached Document Listing Required Information |

LINES 3027-3034

LINES REDACTED IN ENTIRETY

| \$2000 ENGINEERS (\$1000) | ion - Reporting Carrier ection Form | FCC Form 481 GMB Control No. 3060-0986/QMB Control No. 3060-0819 July 2018 |
|---------------------------|---|--|
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | ne Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients |
|--|---|
| I certify that I am an officer of the reporting carrier; my respo reciplents; and, to the best of my knowledge, the information | nsibilities include ensuring the accuracy of the annual reporting requirements for universal service support reported on this form and in any attachments is accurate. |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | 30 480 |
| Telephone number of Authorized Officer: ext | 1000 |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |

| 000000000000000000000000000000000000000 | ion - Agent / Carriel ection Form | FCC 5ofm 481 OMS Control No. 3050-0986/OMS Control No. 3050-0219 July 2013 |
|---|---|--|
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| [18] [18] [18] [18] [18] [18] [18] [18] | is authorized to submit the information reported on behalf of the reporting carrier. nclude ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate. |
|--|---|
| Name of Authorized Agent: Kiesling Associates, LLP | |
| Name of Reporting Carrier: DUMONT TEL. CO. | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date: 06/17/2015 |
| Printed name of Authorized Officer: Roger Kregel | |
| Title or position of Authorized Officer: General Manager | |
| Telephone number of Authorized Officer: 6418573211 ext. | W40-12 |
| Study Area Code of Reporting Carrier: 351152 | Filing Due Date for this form: 07/01/2015 |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF o | Li Recipients on Benan of Re | eporting Carrier |
|--|---|--|
| , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal ser the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, | : [1] - [1] - [1] - [2] - [2] - [3] - [3] - [3] - [4] | [2] [2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 |
| Name of Reporting Carrier: DUMONT TEL. CO. | | |
| Name of Authorized Agent or Employee of Agent: Kiesling Associates LLP | | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | A | Date: 06/17/2015 |
| Printed name of Authorized Agent or Employee of Agent: Cheryl Clauson | | |
| Title or position of Authorized Agent or Employee of Agent Regulatory Consultant | | |
| Telephone number of Authorized Agent or Employee of Agent: 5152230159 ext. | | Mark Street |
| Study Area Code of Reporting Carrier: 351152 Filing Due Date for this form: | 07/01/2015 | |

Attachments

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Dumont Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Dumont Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

| Data Coll | ce Offeringe including Voice Rate Data lection Form | PCC Form 48.1 OMS Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------|--|---|
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net |
| <701> <702> | Residential Local Service Charge Effective Date 1/1/2015 Single State-wide Residential Local Service Charge | |

<703>

| cals. | Julio 8 <82> | <a3></a3> | #bl> | 4 02> | <b3></b3> | <64×1 | <bs></bs> | Kes V |
|-------|-----------------|------------|-----------|--------------------------------|------------------------------|-----------------------------|---|-------------------------------|
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fees |
| IA | All | | FR | 16.0 | 0.0 | 0.0 | 0.0 | 16.0 |
| | | | C | | | | | |
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| (730) Bro Data Coll | udbend Price Offerings ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|------------------------|---|---|
| <010> | Shudu Asso Code | foly 2013 |
| <010> | Study Area Code | 351152 |
| <015> | Study Area Name | DUMONT TEL. CO. |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Roger Kregel |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6418573211 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rogerkr@netins.net |
| | | |

| A6815 | de | | d2> | <c> colin</c> | <d2></d2> | -da> | 电影 | sd4x |
|-------|-----------------|--|-------------------------|-------------------------|---|---|-------------------------|--|
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| IA | All | 30.0 | 0.0 | 30.0 | 15.0 | 1.0 | 999999 | Other, No limit |
| IA | A11 | 47.0 | 0.0 | 47.0 | 25.0 | 3.0 | 999999 | Other, No limit |
| IA | Allison | 686.0 | 0.0 | 686.0 | 28.0 | 28.0 | 999999 | Other, No limit |
| IA | A11 | 65.0 | 0.0 | 65.0 | 50.0 | 25.0 | 999999 | Other, No limit |
| IA | All | 110.0 | 0.0 | 110.0 | 100.0 | 50.0 | 999999 | Other, No limit |
| IA | A11 | 200.0 | 0.0 | 200.0 | 200.0 | 100.0 | 999999 | Other, No limit |
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| 800) Op | erating Companies | | FCC Form 481 | | |
|----------|---|--------------------------|---|--|--|
| ata Coll | ection form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | | |
| | A COLUMN SALE | 作品包含的应该的10个多。 | fuly 2013 | | |
| | | | Surroup All III | | |
| <010> | Study Area Code | - No. 1 | 351152 | | |
| <015> | Study Area Name | | DUMONT TEL. CO. | | |
| <020> | Program Year | | 2016 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Roger Kregel | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | | 6418573211 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | | rogerkr@netins.net | | |
| <810> | Reporting Carrier | Dumont Telephone Company | | | |
| <811> | Holding Company | Dumont Telephone Company | | | |
| <812> | Operating Company | Dumont Telephone Company | 1000 | | |

| <813> <a1></a1> | (a2> | ca) all a series and a series a |
|--|--------|--|
| Affiliates | SAC | Doing Business As Company or Brand Designation |
| Dumont Wireless, Inc. | 359083 | Dumont Wireless, Inc. |
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FCC Form 481, Line 1010: Voice Services Rate Comparability

As of January 1, 2015, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service (\$47.48), as published annually by the Wireline Competition Bureau.

FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the Board's 2014 Lifeline Week news release.

A Lifeline <u>application form</u> is available from your local telephone service provider, the Iowa Utilities Board, or most <u>Community Action Agencies</u> in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the <u>number of customers receiving Lifeline assistance</u> is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit www.fcc.gov/lifeline or www.usac.org.

Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

| Dumont Telephone Company | SERVICES CATALOG | PART V | |
|--------------------------|------------------|--------------|--|
| | Revised | Sheet No. 84 | |
| Filed with Board | Cancels | Sheet No | |
| | SEDVICE CHARCES | | |

SERVICE CHARGES

A. LIFELINE ASSISTANCE

 The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.

2. Eligibility Requirements

To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

- a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
- b. Supplemental Nutrition Assistance Program (SNAP)
- c. Supplemental Security Income (SSI)
- d. Federal public housing assistance
- e. Low-Income Home Energy Assistance Program (LHEAP)
- f. Temporary Assistance for Needy Families Program (TANF)
- g. National School Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

3. Application for Assistance

An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

Rates

- a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
- Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

| ISSUED: | June 21, 2013 | EFFECTIVE: | July 22, 2013 | |
|---------|---------------|-----------------|--------------------|--|
| | Date | | Date | |
| BY: | Roger Kregel | General Manager | Dumont, Iowa 50625 | |
| | Name | Title | Address | |

Line 3010 Progress Report on 5 Year Plan - Milestone Certification

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY